May 2006

Part A

Special Diabetes Program for Indians (SDPI)
Diabetes Prevention and Cardiovascular Risk Reduction Demonstration Projects

Application for Continued Funding
Instructions and Guidelines

Department of Health and Human Services
Public Health Service, Indian Health Service

Opportunity Title:	**Special Diabetes Program for Indians**
Offering Agency:	**Indian Health Service**
CFDA Number:	93.442
CFDA Description:	(purposely left blank)
Funding Opportunity Number:	**HHS-2006-IHS-CONT-SDPI**
Competition ID:	(purposely left blank)
Opportunity Open Date:	**(refer to the continuation letter sent by DGO)**
Opportunity Close Date:	**(refer to the continuation letter sent by DGO)**
Agency Contact:	**James LaBoueff**
	Grants Assistant
	Email: jlabouef@hqe.ihs.gov

SDPI Diabetes Prevention and Cardiovascular Risk Reduction Demonstration Projects is described at 93.442 in the Catalog of Federal Domestic Assistance.

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Abbreviations Used

ADC = Area Diabetes Consultant

CGP = refers to the Competitive Grant Programs of the SDPI
These are the Diabetes Prevention and Cardiovascular Risk Reduction Demonstration Projects.

DDTP = Division of Diabetes Treatment and Prevention

DGO = Division of Grants Operations

DGP = Division of Grants Policy

DPP = Diabetes Prevention Program

FAA = Financial Assistance Award (formerly the Notice of Grant Award)

IHS = Indian Health Service

HH = Healthy Heart

NEPA = National Environmental Policy Act

NCGP = refers to the Non-Competitive Grant Program of the SDPI

PMS = Payment Management System

SDPI = Special Diabetes Program for Indians

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Enclosed is the IHS Special Diabetes Program for Indians (SDPI) Application for Continued Funding Guidelines and Instructions. All SDPI grant programs must complete an application in order to receive continued funding.

PERIOD OF SUPPORT

- Grant Funds will be dispersed according to each grant program's established 12 month budget period.

- Funding is dependent on satisfactory business and program reviews and submission of required reports.

- Funding will be paid through the Payment Management System (PMS) including those tribes receiving lump sum payments.

TIME TABLE AND DUE DATES

Applications for continued funding are usually due 90 days (3 months) before the beginning of a grant program's new budget period. Although the following table has been provided for your information, it is important that you refer to the Continuation Letter sent by the Division of Grants Operations (DGO) for your specific application due date.

Your current budget period is **09/30/05 – 09/29/06.**
The DUE DATE for this Application for continued funding is no later than **June 30, 2006.**
The anticipated Date of Grant Award is no later than **September 30, 2006.**
To close out the current budget period, a Final Progress Report and Financial Status Report (SF- 269) will be due no later than 90 days after the current budget period ends. This due date is **no later than December 31, 2006**.
The Organization's Financial Audit Report will also be due 9 months after the end of the grant program's annual financial audit period. **Check with your organization for this due date.**

If you have questions about your budget period, contact Denise Clark, IHS Division of Grants Operations at 302-443-5204 or by email at denise.clark@ihs.gov.

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APPLICATION PROCESS

All SDPI grantees are required to submit an electronic application for continued funding via Grants.gov.

If you require a waiver to extend the application due date, you must obtain approval from the Division of Grants Operations. Contact Lois Hodge at 301-443-5204.

 If you require a waiver to submit a hard copy application, you must obtain approval from the Division of Grants Policy. Contact Michelle Bulls at 301-443-6528.

WHO DO I CONTACT IF I HAVE QUESTIONS?

- For budget information and related questions, all SDPI grant programs – contact the IHS Division of Grants Operations at 301-443-5204. Ask to speak to the Grants Management Specialist assigned to your IHS Area. Refer to the list below:

Sylvia Ryan:	301-443-2114	California, Tucson
Position vacant – call	301-443-5204	Billings, Nashville, Navajo, Oklahoma
John Hoffman	301-443-2116	Alaska, Albuquerque, Phoenix
Pallop Chareonvootitam:	301-443-2195	Aberdeen, Bemidji, Portland

- For GRANTS POLICY information and questions related to the grants.gov electronic application process, all SDPI grant programs – contact the IHS Division of Grants Policy - Michelle Bulls at 301-443-6528.

- For Non-Competitive Grant Program information and related questions – contact the IHS Division of Diabetes Treatment and Prevention - Mary Tso, Program Specialist at 505-248-4182 or by email at mary.tso@ihs.gov.

- For Competitive Grant Program information and related questions – contact Dorinda Wiley-Bradley, Project Officer at 505-248-4182.

- An additional source for information is the Area Diabetes Consultant (ADC) for your IHS Area. Consult the Division of Diabetes Treatment and Prevention web site for a directory of ADC names and contact information.

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INSTRUCTIONS FOR COMPLETING THE APPLICATION

All SDPI grant programs are required to:

1. Use the electronic application process at www.Grants.gov. Be sure to use the correct Funding Opportunity Number in order to download the application package.
   - Diabetes Prevention and Cardiovascular Risk Reduction Demonstration Projects use: HHS-2006-IHS-CONT-SDPI

2. Complete and submit all MANDATORY DOCUMENTS:
   - Application for Federal Assistance – SF 424
   - Project Narrative Attachment Form (see #3 below for more information)
   - Budget Narrative Attachment Form (see #3 below for more information)
   - Grant.gov Lobbying Form
   - Assurances for Non-construction Programs – SF 424B
   - Budget Information for Non-Construction Programs – SF 424A

   - If applicable, submit the IHS Environmental Information and Documentation Form. This form is required for any grant project that includes building, remodeling, excavation, purchasing modular structures, change of land use, and related project activities. Read the Environmental Compliance Fact Sheet for detailed information. As part of the electronic application process, you will need to attach the form under Optional Documents.

3. Prepare the following two (2) WORD documents that you will submit as part of the application process.

   - Project Narrative Attachment – this includes a) the Interim Progress Report of what has been accomplished toward goals and objectives, to date, during the current budget period, and b) the Work Plan for the new budget period.
   - Budget Narrative Attachment – this was formerly called the Detailed Budget Justification for the new budget period.

Refer to guidelines and detailed instructions on how to complete the Interim Progress Report on the current budget period, the Work Plan for the new budget period and the Budget Narrative for new budget period included in this application for continued funding.

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ADDITIONAL INFORMATION

National Environmental Protection Agency Review Requirements

The IHS SDPI grant programs are subject to the National Environmental Policy Act (NEPA) review by IHS. Grantees must provide assistance and cooperation as stated in 42 U.S.C. 4332, section 102, of the National Environmental Policy Act of 1969. Grantees are also required to comply with all applicable environmental laws and regulations as referenced in the *Standard Form 424B – Assurances for Non-construction Programs*, item 11, and other related grant conditions.

Documentation of an environmental review is required if your application for continued funding includes project activities that may affect the environment or a historic building or a cultural resource. These activities include disturbing the soil, building, remodeling, excavation, purchasing modular structures, installing playground equipment, change of land use, and related project activities.

For more information, read the *Environmental Compliance Fact Sheet for IHS* available on the DDTP web site at www.ihs.gov/medicalprograms/diabetes. Click on "SDPI Grants" on the menu located on the left side of the home page. You can also contact your Area Diabetes Consultant for additional assistance.

If this requirement applies to the planned activities in your application for continued funding, complete and submit the *IHS Environmental Information and Documentation form* also available at the DDTP web site. You can now download and fill in this WORD form. As part of the electronic application process, you will attach this document under Optional Documents. Specific instructions for how to download, save and fill in the form are at the DDTP web site.

Budget Issues

1. **Indirect Cost Rates**

   SDPI grant programs must have a current and approved indirect cost rate in order to request indirect cost. Your finance office should have the most current negotiated indirect cost rate agreement on file. You can also check the following web site: http://rates.psc.gov/fms/dca/new_search.html.

2. **Limitations on use of SDPI grant funds**

   Some costs are not allowable or have been eliminated for this grant program because they were not authorized in the program legislation. The following items have been highlighted for your information:

   - **Construction costs, cash prizes and gifts are not allowable.**

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- **Space Rental or purchase/use of modular units (this applies to IHS entities only**): For IHS entities only – there are certain costs that must be approved by appropriate IHS staff prior to their obligation. Space rental or purchase/use of modular units must be reviewed and approved by the IHS Area Realty Officer. Contact Felicia Snowden, Lead Realty Officer, HIS, OEHE, Division of Facilities Operations at 301-443-5954 for assistance with such issues.

- **Incentives**
  The Office of Grants Policy has developed a policy statement that addresses the use of SDPI funds for incentives. This policy is posted on the DDTP web site at www.ihs.gov/medicalprograms/diabetes - click on the "SDPI Grants" link on the left side of the home page.

3. Reporting Carry-Over Balance

SDPI grant programs have the authority to carryover all IHS unobligated grant funds (also called carryover balance) remaining at the end of a budget period with the exception of funds that are restricted on a *Financial Assistance Award* (formerly the *Notice of Grant Award -* NGA). **The carryover funds must be used to support the originally approved goals and objectives of the project's current budget period.**

SDPI grant programs **are required to** report the actual carry over balance on the *SF 269 – Financial Status Report*, which is due no later than 90 days after the current budget period ends. The carryover balance is reported on the *SF 269 -Financial Status Report* under the "Remarks" section.

- If the grantee reports a carryover balance that is 25% or less of the total grant award, the grantee is not required to submit budget narrative *justifying use of* the balance.

- If the grantee reports a carryover balance that exceeds 25% of the total grant award, the grantee must request prior approval from the Division of Grants Operations to carryover and use the funds. A separate budget and budget narrative justifying use of the actual carry over amount is required.

The IHS Policy on Reporting the Carry Over Balance is posted on the DDTP web site at www.ihs.gov/medicalprograms/diabetes - click on the "SDPI Grants" link of the left side of the home page. Read this document carefully for further guidance.

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OTHER REQUIRED REPORTS

This list is provided for your information. These reports are NOT a part of the Application for continued funding.

1. **Final Progress Report on Current Budget Period**

   The final progress report is due no later than 90 days after a budget period ends. The final progress report will include what has been accomplished on goals, objectives, and activities for an entire 12 month budget period. To fulfill this requirement, grantees are allowed to "add on" to the Interim Progress report submitted as part of their Application for continued funding.

2. **Financial Status Report, Standard Form 269-Long Form**

   In order to close out a budget period that has just ended, an annual Financial Status Report (SF 269-Long Form) must be submitted no later than 90 days after the budget period ends unless stated otherwise in the Financial Assistance Award (formerly the Notice of Grant Award). You can obtain additional copies of the *SF 269, Long Form* at: http://www.whitehouse.gov/omb/grants/sf269.pdf.

   Actual carry over amounts for the budget period that has just ended, along with a budget and Budget Narrative justifying use of this carry over amount must be submitted with the *SF 269*.

3. **Organization's Annual Financial Audit Report***

   Indian tribes or tribal organizations and urban Indian organizations shall submit one (1) complete copy of the grantee organization's financial audit report, as required by the Single Audit Act and implemented in accordance with OMB Circular A-133.

   This annual financial audit report is due no later than nine (9) months after the end of the grantee's annual audit period. You must contact your organization's finance office for this information**.**

   If your organization had any findings on audit, you must also submit letters and the corrective action plan.

   The *Schedule of Federal Financial Assistance* must include funds awarded for the Special Diabetes Programs for Indians grant program. (This information pertains to the audit process for organizations receiving federal funding).

   *These audit requirements do not apply to Federal grantees.

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Information and Guidelines on preparing the Interim Progress Report, the Work Plan and the Budget Narrative

1. Project Narrative Attachment Form for Competitive Grant Programs

On the Grants.gov "Grant Application Package" page, you will notice that one of the mandatory documents listed is the *Project Narrative Attachment Form*. There is no actual "Form". This is a WORD document that you will develop and submit as part of the electronic application process. This document will include two parts: a) Interim Progress Report and b) Work Plan. Guidelines and format for developing the Interim Progress Report and Work Plan are included in the following pages.

a) Interim Progress Report
The Interim Progress Report describes the accomplishments of the current budget period, to date. Your current budget period is September 30, 2005 through September 29, 2006.

Read the Interim Progress Report guidelines that follow and use the format to develop your report.

b) Work Plan
The Work Plan describes what you plan to do for the new budget period. The new budget period is September 30, 2006 through September 29, 2007.

Read the Work Plan guidelines that follow and use the format to develop your plan.

2. Budget Narrative Attachment Form for Competitive Grant Programs
On the Grants.gov "Grant Application Package" page, you will notice that one of the mandatory documents listed is the *Project Narrative Attachment Form*. There is no actual "Form". This is a WORD document that you will develop and submit as part of the electronic application process. This document was formerly called the Detailed Budget Justification.

The Budget Narrative explains and justifies the budget for the new budget period. The new budget period is September 30, 2006 through September 29, 2007.

Read the Budget Narrative guidelines that follow and use the format to develop the narrative.

3. Year 2 Assessment Tool
The Assessment Tool is designed to obtain information on specific aspects of your grant program's experience during the past year. Read the Assessment Tool that follows carefully and answer each question. **All Competitive Grant Programs are required to submit a completed Assessment Tool as part of the Application for continued funding process**.

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SDPI Competitive Grant Program

Interim Progress Report Guidelines/Format
Report on the current budget period: September 30, 2005 – September 29, 2006

The Interim Progress Report should address progress made, to date, on your current program objectives in each area listed below. Your response to each item should be no more than 2-3 paragraphs, and in some cases, may only be one paragraph or even a sentence if not applicable. Please limit your entire progress report narrative to 3-5 pages maximum. You may use an appendix to provide further detail, but use of an appendix is optional.

Please be sure to include individual comments for each of your consortium sites, if applicable.

Please describe your progress, including successes and challenges on the following:

1. **Hiring and staffing** – describe your current staff, any positions to be filled, and any challenges you have in hiring/staffing

2. **Local approval process** – briefly describe if you were required to obtain IRB, tribal and/or IHS approvals and the status of those approvals – indicate if not applicable

3. **Recruitment and Screening activities** – briefly describe/summarize any activities you have held to recruit and screen to find potential participants, and any successes or challenges

4. **Consent/Enrollment process** – describe how you are obtaining consent for participation and any modifications you have made to the consent forms and/or HIPAA forms

5. **Baseline Assessments** (Core Elements, Participant and Family Questionnaires) – describe your experience with completing these with participants, and any successes or challenges, and what you have done to try to ensure that they are complete these prior to the start of intensive activities

6. **Start of Intensive Activities** (DPP Curriculum/Lifestyle Coaching or Case Management/HGHH education) – if you have started the intensive activities, please describe what you have done so far, any special modifications or adaptations, and any successes or challenges in implementing these activities

7. **Retention issues** – describe any successes or challenges, and any special efforts or activities related to retention

8. **Data Submission process** – describe your experience with submission of the registry and baseline forms, and any successes or challenges

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9. **Community Based Activities** – briefly describe any community based activities you have held and provide information from your evaluation of these activities

10. **Budget** – answer the following questions with Yes or No and a short explanation or description.

    a. Are there program expenses that you did not fully anticipate for this year?

    b. Do you feel the amount of program funding is adequate for your planned program activities?

    c. List any problems or challenges you encountered related to grants management issues

11. **Coordinating Center –** answer the following questions:

    a. What role/activities of the Coordinating Center have been the most helpful to your program?

    b. Describe one issue with which you would have liked to have more assistance from the Coordinating Center

    c. What are the top three things that the Coordinating Center can do over the next year to be the most helpful to you?

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SDPI Competitive Grant Program

Work Plan for New Budget Period
Guidelines/Format
September 30, 2006 – September 29, 2007

All the SDPI Competitive Grant Programs have the same goals and similar objectives since you are following the Core Elements which describe required activities. The portion that varies is the specific objectives and activities for how your program will implement the Core Elements. You are required to declare your grant program's specific goals, objectives, activities, timeline and target audience.

Please note that you are required to continue to comply with the Special Conditions addendum to the Financial Assistance Award (formerly the Notice of Grant Award).

You are also required to implement the basic activities in the Core Elements documents for each component of the Intensive Activities.

Instructions for developing the Work Plan:

Please describe your work plan for the following Goals for the budget period September 30, 2006 – September 29, 2007, which is <u>Year 2 of the Intensive Activities</u> of this program.

For each Goal listed below,
- Outline your objectives (what you hope to accomplish in measurable terms)
- Briefly describe the activities that will help you meet those objectives
- Clearly indicate your target population for each activity

You should refer to the Core Elements documents for details on what is required of everyone.

Please limit your Work Plan to no more than 3-5 pages, which means that the narrative under each of the Goals should be no more than 1-2 paragraphs. Please use the following goals.

1) **Goal: Ensure adequate staffing plan for the project**
   Describe your plan for the next year to ensure that all key positions are filled to implement the project.

   Objectives:

   Activities:

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2) **Goal: Ensure local approvals are completed prior to the start of Intensive activities**
Describe your plan for completing all local approvals. If approvals not required or all local approvals completed, say "not required" or "completed" and do not describe objectives and/or activities.

Objectives:

Activities:

3) **Goal: Recruit and Screen enough individuals to meet target of participants each year (DPP – 48 participants/year; HH – 50 participants/year)**
Describe your plan for recruitment and screening during the next year, including types of planned activities and how these activities build upon your experience from the current year.

Objectives:

Activities:

4) **Goal: Complete Baseline Assessments in all participants each year**
Describe the process you will use to complete the Baseline Assessment of Core Elements, Participant Baseline Questionnaire, and Family Questionnaire, and how you are addressing any challenges you faced in this past year.

Objectives:

Activities:

5) **Goal: Successfully implement the Intensive Activities**
Describe how you will implement the Diabetes Prevention Core Elements or the Case Management Core Elements during the next year, including how you are addressing any challenges you faced in this past year. Describe any modifications you are making to the basic activities.

Objectives:

Activities:

6) **Goal: Successfully retain participants in the Intensive Activities**
Describe how you will implement the Retention Core Elements, including how you are addressing any challenges you faced in the past year.

Objectives:

Activities:

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7) **Goal: Successfully conduct the Follow-up and Annual Assessments**
Describe the process you will use to ensure that all participants complete the follow-up and annual assessments on schedule, including keeping track of when these assessments are due, communicating with participants when they should come in for these assessments, and any other strategies to ensure completion of the assessments.

Objectives:

Activities:

8) **Goal: Successfully submit required data to the Coordinating Center**
Describe how you will ensure that the registry information and other data forms will be sent to the Coordinating Center in a timely manner.

Objectives:

Activities:

9) **Goal: Implement and Evaluate Community-Based Activities**
Describe how you will implement and evaluate your community-based activities

Objectives:

Activities:

10) **Goal: Implement your activities using a Timeline**

Develop a one page timeline that describes how you will implement the above activities.

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SDPI Competitive Grant Program

Budget Narrative Attachment Guidelines/Format
September 30, 2006 – September 29, 2007

The Budget Narrative provides supporting information for your SF 424A – Budget Information – Non-construction Programs.

The following list of budget items is provided to give you ideas about what you might include in your actual budget under each budget category. In addition to a line item budget, please provide a narrative budget justification that briefly explains the budget items and how they support your objectives. You do not need to include all the items below – and may include others not listed. Budget is specific to your own program, objectives, and activities.

Section B – Budget Categories

A. Personnel
Line items may include any of the following as needed for your specific program:

- Project Director
- Project Coordinator
- Lead Recruiter
- Data Coordinator
- Lead Diabetes Educator (SDPI DPP)
- Lead Case Manager (SDPI HH)
- Dietitian
- Physical Activity Specialist
- Pharmacist (SDPI HH)
- Others as needed

B. Fringe Benefits
List the fringe rate for each position listed in personnel

C. Travel
Line items may include

- Staff Travel to Denver Grantee Meetings – 4 meetings planned in FY 2007
  (travel for 2 people, x 2 days, 2-3 nights lodging)

- Supplemental Training as needed, such as CME course, IHS Regional Meetings, Training Institutes, etc.

- Staff travel for project activities, such as consortium sites, recruitment events, community based activities, etc. as necessary.

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D. Equipment
Include capital equipment here (items over $5000)

E. Supplies
Line items may include:

- General office supplies
- Supplies needed for activities related to the project, such as teaching materials, materials for recruitment or community based activities
- Software, upgrades, computer supplies
- File cabinets

F. Contractual/Consultant
May include partners, collaborators, technical assistance consultants you hire to help with project activities – include direct costs and indirect costs of any subcontracts here

G. Construction
Not applicable for this project

H. Other
Line items may include:

- Participant incentives – list all types of incentives (refer to IHS Incentives Policy)
- Marketing, advertising, promotional items
- Office equipment, computers under $5000
- Internet access
- Medications and Lab tests – be specific; list all medications and lab tests
- Miscellaneous services: telephone, conference calls, computer support, shipping, copying, printing, equipment maintenance

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SDPI Competitive Grant Program

Year 2 Assessment Tool
For current budget period: September 30, 2005 – September 29, 2006 (to date)

In addition to your progress report, we are interested in a few more specific aspects of your program's experience during the past year. Your answers will be kept confidential and the information you provide will only be reviewed with the IHS Division of Diabetes Treatment and Prevention and Coordinating Center staff for planning purposes. **All SDPI Competitive Grant Programs are required to complete and send in this Assessment Tool as part of the Application for continued funding process.**

Instructions
- Read each question carefully and answer each question according to the instructions provided – when questions are listed in a table, please answer all questions in the table. If a question is not applicable to your program, please indicate on the form.
- Make a copy for your files
- **Mail the completed Assessment Tool directly to the Coordinating Center.** DO NOT include the Assessment Tool with your Application for continued funding.

SDPI Diabetes Prevention Program – send your completed Assessment to:

Alisa Katai, Project Coordinator (Email: Alisa.Katai@uchsc.edu)
SDPI CGP Coordinating Center
American Indian/Alaska Native Programs
University of Colorado Health Sciences Center
Nighthorse Campbell Native Health Building
Mail: PO Box 6508, MS F800, Aurora CO 80045-0508
Fedex/Courier Delivery: 13055 E 17th Ave, Aurora CO 80010
Phone: 303-724-0288 – Fax: 303-724-0332

SDPI Healthy Heart Project – send your completed Assessment to:

Sandra Woodruff, Project Coordinator (Email: Sandra.Woodruff@uchsc.edu)
SDPI CGP Coordinating Center
American Indian/Alaska Native Programs
University of Colorado Health Sciences Center
Nighthorse Campbell Native Health Building
Mail: PO Box 6508, MS F800, Aurora CO 80045-0508
Fedex/Courier Delivery: 13055 E 17th Ave, Aurora CO 80010
Phone: 303-724-0336– Fax: 303-724-0332

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Assessment Tool Part 1 – SDPI <u>Diabetes Prevention</u> Program only

Please answer the following questions by circling yes or no, or filling in a number as indicated. You may find that your registry may be helpful with some of the numbers required. Please give your best estimate on those questions for which you do not have actual numbers available. Don't worry if you don't answer yes to all of these questions – few, if any programs will be able to answer yes to all the questions - we are just trying to get a general sense for where all programs are in the process.

Question	Answer	
Does your program currently have someone on staff at least part time with the following roles?		
Project Director	Yes	No
Program Coordinator	Yes	No
Lead Educator	Yes	No
Data Coordinator	Yes	No
Status of your local IRB approvals to start this project:		
IRB approval not required locally	Yes	No
IRB approval completed	Yes	No
IRB approval pending	Yes	No
Has your program held at least one activity so far to recruit people to participate in the program?	Yes	No
If yes, please estimate the total number of attendees at all of your recruitment events so far	_____(#)	
Have you held at least one recruitment team meeting since January 2006?	Yes	No
Has your program conducted any screening activities using the ADA risk test and fingerstick blood glucose test?	Yes	No
How many OGTTs have you completed so far?	_____(#)	

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How many eligible individuals have signed the consent form to participate so far?	_____(#)
Have you completed the Baseline Assessment of Core Elements for at least one participant so far?	Yes No
Has at least one participant completed the Participant Baseline Questionnaire?	Yes No
Has at least one family member completed the Family Baseline Questionnaire?	Yes No
Have you started the Intensive Activities?	Yes No
If yes, Date of first DPP Curriculum class? Number of participants in first DPP curriculum class	____/____/____ Month – Day – Year _____(#)
Have you held at least one diabetes prevention team meeting since January 2006?	Yes No
Have you completed the 16 session DPP curriculum with your first group yet?	Yes No
Have you completed the Follow-up Assessment of Core Elements in at least one participant?	Yes No
Have any participants dropped out of the program so far? If yes, how many have dropped out so far?	Yes No _____(#)
Have you held at least one Community Based Activity so far?	Yes No

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Assessment Tool Part 1 – SDPI <u>Healthy Heart Project</u> only

Please answer the following questions by circling yes or no, or filling in a number as indicated. You may find that your registry may be helpful with some of the numbers required. Please give your best estimate on those questions for which you do not have actual numbers available. Don't worry if you don't answer yes to all of these questions – few, if any programs will be able to answer yes to all the questions - we are just trying to get a general sense for where all programs are in the process.

Question	Answer	
Does your program currently have someone on staff with the following roles?		
Project Director	Yes	No
Program Coordinator	Yes	No
Lead Case Manager	Yes	No
Data Coordinator	Yes	No
Status of your local IRB approvals to start this project:		
IRB approval not required locally	Yes	No
IRB approval completed	Yes	No
IRB approval pending	Yes	No
Has your program held at least one activity so far to recruit people to participate in the program?	Yes	No
If yes, please estimate the total number of attendees at all of your recruitment activities so far	_____(#)	
Have you held at least one recruitment team meeting since January 2006?	Yes	No
Does your program have to conduct screening activities to find people with diabetes?	Yes	No
If yes, has your program conducted any screening activities using the ADA risk test and fingerstick blood glucose test?	Yes	No
How many OGTTs have you completed so far?	_____(#)	

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How many eligible individuals have signed the consent form to participate so far?	_____(#)
Have you completed the Baseline Assessment of Core Elements for at least one participant so far?	Yes No
Has at least one participant completed the Participant Baseline Questionnaire?	Yes No
Has at least one family member completed the Family Baseline Questionnaire?	Yes No
Have you started the Intensive Activities?	Yes No
If yes, Date of first case management visit Number of participants who have had at least two case management visits so far	____/____/____ Month – Day – Year _____(#)
Have you held at least one case management team meeting since January 2006?	Yes No
Have you provided education using the Honoring the Gift of Heart Health (HGHH) curriculum to any participants of this project?	Yes No
If yes, Date of first HGHH session/class	____/____/____ Month – Day - Year
Have you completed the Follow-up Assessment of Core Elements in at least one participant?	Yes No
Have any participants dropped out of the program so far? If yes, how many have dropped out so far?	Yes No _____(#)
Have you held at least one Community Based Activity so far?	Yes No

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Assessment Tool – Part 2 – SDPI Diabetes Prevention Program and SDPI Healthy Heart Project

Please review the following potential problem areas and indicate your experience with them by circling the response that most closely matches how problematic they were for you during the past year –if not applicable, circle 0 in last column:

Potential Problem Area	Extremely Problematic	Very Problematic	Neutral	Not Very Problematic	Not at all Problematic	Not Applicable
Identifying enough potential participants for the project during recruitment activities	5	4	3	2	1	0
Low number of eligible individuals who agree to participate/enroll in project	5	4	3	2	1	0
Ability to complete enough baseline assessments within a reasonable timeline to start intensive activities	5	4	3	2	1	0
Access to Patient Records at local IHS or Tribal Clinic	5	4	3	2	1	0
Difficulty scheduling timely Physical Exam appointments with providers	5	4	3	2	1	0
Providers reluctant to order required tests (lab, ECG, etc)	5	4	3	2	1	0
Participants reluctant to do OGTT	5	4	3	2	1	0
Participants reluctant to do Baseline Questionnaire	5	4	3	2	1	0
Family members reluctant to do Baseline Questionnaire	5	4	3	2	1	0

Potential Problem Area	Extremely Problematic	Very Problematic	Neutral	Not Very Problematic	Not at all Problematic	Not Applicable
Difficulty getting Baseline Questionnaires back from family members	5	4	3	2	1	0
Access to budget/funding in your local program	5	4	3	2	1	0
Tracking budget amounts/balances in your local program	5	4	3	2	1	0
Don't have enough funding to do the project adequately	5	4	3	2	1	0
Getting carry over approved for your program budget	5	4	3	2	1	0
Getting grants management questions answered	5	4	3	2	1	0
Understanding grants management issues	5	4	3	2	1	0
Hiring staff through IHS hiring system	5	4	3	2	1	0
Hiring staff through local or tribal hiring systems	5	4	3	2	1	0
Finding qualified applicants for positions	5	4	3	2	1	0
Staff turnover – hire staff, then they leave	5	4	3	2	1	0

Potential Problem Area	Extremely Problematic	Very Problematic	Neutral	Not Very Problematic	Not at all Problematic	Not Applicable
Staff turnover – hire staff, then they leave	5	4	3	2	1	0
Orienting new staff to project	5	4	3	2	1	0
Local IRB approval process	5	4	3	2	1	0
Local Tribal approval process	5	4	3	2	1	0
Tribal or community "Buy-in" regarding the program activities	5	4	3	2	1	0
Time management – finding enough time to get everything done for the project	5	4	3	2	1	0
Balancing work on this project with other responsibilities	5	4	3	2	1	0
Other (write in) _____	5	4	3	2	1	0

Assessment Tool – Part 3 – SDPI Diabetes Prevention Program and SDPI Healthy Heart Project

As recommended by grantees and IHS DDTP, a cost analysis of this project is being conducted. We hope to be able to determine the costs of various aspects of the program. Please answer the following questions to help us with this effort.

Part 3.1. Please indicate the Full Time Equivalent (FTE) or percent effort on program activities for each key position listed below

FTE = Full Time Equivalent, or Percent Effort	Project Coordinator	Data Coordinator	Educator (DPP)	Case Manager (HH)	Lifestyle Coach (DPP)	Recruiter	Other Staff _____
FTE at start of year (October 2006), percent							
Current FTE, percent							
Do you think this FTE should be higher or lower? (check one)	__higher __ lower	__higher __ lower	__higher __ lower	__higher __ lower	__higher __ lower	__higher __ lower	__higher __ lower

Part 3.2. Please indicate in each column below the percent time spent on program activities by each position, before start of intensive activities, and after start of intensive activities – if not applicable, write N/A in the relevant space. If one person does more than one position, indicate the percent time spent for that portion of their job.

	Project Director		Project Coordinator		Educator (DPP)		Case Manager (HH)	
Type of Program Activity/Task	**Before (%)**	**After (%)**	**Before (%)**	**After (%)**	**Before (%)**	**After (%)**	**Before (%)**	**After (%)**
Planning (for project activities – include CGP meetings)								
IRB approvals (IRB, tribal and/or IHS								
Training (onsite or offsite, including travel time)								
Recruitment and Screening of participants (include time spend developing, planning, and holding)								
Consent/Enrollment of Participants								
Baseline Assessments								
Intensive Activities – classes, visits								
Data submission process								
Program administration and management (staff meetings, supervision)								
Totals – columns must add up to 100%	100%	100%	100%	100%	100%	100%	100%	100%

	Data Coordinator		Lifestyle Coach (DDP)		Recruiter		Other _____	
Type of Program Activity/Task	Before (%)	After (%)	Before (%)	After (%)	Before (%)	After (%)	Before (%)	After (%)
Planning (for project activities – include CGP meetings)								
IRB approvals (IRB, tribal and/or IHS								
Training (onsite or offsite, including travel time)								
Recruitment and Screening of participants (include time spend developing, planning, and holding)								
Consent/Enrollment of Participants								
Baseline Assessments								
Intensive Activities – classes, visits								
Data submission process								
Program administration and management (staff meetings, supervision)								
Totals – columns must add up to 100%	100%	100%	100%	100%	100%	100%	100%	100%

End of SDPI Competitive Grant Program Assessment Tool.